

Lincoln Police Department  
Thomas K. Casady, Chief of Police  
575 South 10th Street  
Lincoln, Nebraska 68508

402-441-7204  
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

June 29, 2009

Mayor Beutler and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Guesthouse Inn & Suites, 5250 Cornhusker Highway requesting a class I liquor license.

This location was previously known as Howard Johnsons which held a class I liquor license

Joel Schossow has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Joel Schossow was born in Iowa. He attended Kearney State graduating in 1993.

Joel Schossow employment history is as follows:

2007 - Present	Owner, Gemstone Hospitality	Lincoln, NE.
2000 - 2007	GM. Holiday Inn	

The required training will be completed on July 9<sup>th</sup> 2009.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



**APPLICATION FOR LIQUOR LICENSE  
CHECKLIST**

301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: www.lcc.ne.gov

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**NEBRASKA LIQUOR  
CONTROL COMMISSION**

*45 days = 8-10-2009*

Applicant Name Gemstone Hospitality, Inc.

Trade Name \_\_\_\_\_ Previous Trade Name \_\_\_\_\_

E-Mail Address: joel.schossow@ghc-hotels.com

Provide all the items requested. Failure to provide any item will cause this application to be returned or placed on hold. All documents must be legible. Any false statement or omission may result in the denial, suspension, cancellation or revocation of your license. If your operation depends on receiving a liquor license, the Nebraska Liquor Control Commission cautions you that if you purchase, remodel, start construction, spend or commit money that you do so at your own risk. Prior to submitting your application review the application carefully to ensure that all sections are complete, and that any omissions or errors have not been made. You may want to check with the city/village or county clerk, where you are making application, to see if any additional requirements must be met before submitting application to the state.

**REQUIRED ATTACHMENTS**

Each item must be checked and included with application or marked N/A (not applicable)

X 1. Fingerprint cards for each person (two cards per person) must be enclosed with a check payable to the Nebraska State Patrol for processing in the amount of \$38.00 per person. All areas must be completed on cards as per brochure.

X 2. Enclose registration fee for the appropriate class of license, made out to the Nebraska Liquor Control Commission.

\_\_\_\_\_ 3. Enclose the appropriate application forms; Individual License – Form 1; Partnership License – Form 2; Corporate - Form 3a; Limited Liability Form (LCC) – Form 3b. Corporate Form 3a and LLC Form 3b requires Corporate Manager application – Form 3c.

X 4. If building is being leased send a copy of the lease. Be sure it reads in the individual(s), corporate or LLC name being applied for. Also, the lease must extend through the license year being applied for. If building owned, send a copy of the deed or purchase agreement in appropriate name.

NA 5. If you are buying the business of a current licensee, provide a copy of the purchase agreement from licensee. This also needs to be in appropriate applicant's name.

*Per 3191-45*

# APPLICATION FOR LIQUOR LICENSE

301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
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## CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES CHECK DESIRED CLASS(S)

### RETAIL LICENSE(S)

		Application Fee
<input type="checkbox"/>	A BEER, ON SALE ONLY	\$45.00
<input type="checkbox"/>	B BEER, OFF SALE ONLY	\$45.00
<input type="checkbox"/>	C BEER, WINE & DISTILLED SPIRITS, ON & OFF SALE	\$45.00
<input type="checkbox"/>	D BEER, WINE & DISTILLED SPIRITS, OFF SALE ONLY	\$45.00
<input checked="" type="checkbox"/>	I BEER, WINE & DISTILLED SPIRITS, ON SALE ONLY	\$45.00
<input type="checkbox"/>	Class K Catering license (requires catering application form)	\$100.00

### MISCELLANEOUS

		Application Fee	Bond Required
<input type="checkbox"/>	L Craft Brewery (Brew Pub)	\$295.00	\$1,000 minimum
<input type="checkbox"/>	O Boat	\$ 95.00	none
<input type="checkbox"/>	V Manufacturer		
<input type="checkbox"/>	Alcohol & Spirits	\$1,045.00	\$1,000 minimum
<input type="checkbox"/>	Beer (excluding produced by a craft brewery)	\$145.00 1 to 100 barrel*	\$1,000 minimum
<input type="checkbox"/>	Beer (excluding produced by a craft brewery)	\$245.00 100 to 150 barrel*	\$1,000 minimum
<input type="checkbox"/>	Beer (excluding produced by a craft brewery)	\$395.00 150 to 200 barrel*	\$1,000 minimum
<input type="checkbox"/>	Beer (excluding produced by a craft brewery)	\$545.00 200 to 300 barrel*	\$1,000 minimum
<input type="checkbox"/>	Beer (excluding produced by a craft brewery)	\$695.00 300 to 400 barrel*	\$1,000 minimum
<input type="checkbox"/>	Beer (excluding produced by a craft brewery)	\$745.00 400 to 500 barrel*	\$1,000 minimum
<input type="checkbox"/>	W Wholesale Beer	\$545.00	\$5,000 minimum
<input type="checkbox"/>	X Wholesale Liquor	\$795.00	\$5,000 minimum
<input type="checkbox"/>	Y Farm Winery	\$295.00	\$1,000 minimum
<input type="checkbox"/>	Z Micro Distillery	\$295.00	\$1,000 minimum

☐ Copy of TTB permit (if applying for L, V, W, X, Y or Z)

\*daily capacity, average daily barrel production for the previous twelve months of manufacturing operation. If no such basis for comparison exists, the manufacturing licensee shall pay in advance for the first year's operation a fee of five hundred dollars

All Class C licenses expire October 31<sup>st</sup>

All other licenses expire April 30<sup>th</sup>

Catering license (K) expires same as underlying retail license

## TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

- ☐ Individual License (requires insert form 1)  
☐ Partnership License (requires insert form 2)  
☒ Corporate License (requires insert form 3a & 3c)  
☐ Limited Liability Company (requires form 3b & 3c)

## NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION

(commission will call this person with any questions we may have on this application)

Name Joel Schossow

Phone number: 402-570-4406

Firm Name \_\_\_\_\_

contact #

## APPLICANT INFORMATION

JUN 17 2009

## 1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge? Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☒ YES ☐ NO

If yes, please explain below or attach a separate page.

Jael: Speeding Nebraska Feb '08, May '08, Apr '06 (Dates may be wrong)  
 additional speeding tickets no idea of dates. Driving under  
 suspension 1992 - Did not pay speeding ticket from Missouri.  
 1986 MIP

Heather: 2 speeding tickets Dates? 1992, 2001

## 2. Are you buying the business and/or assets of a licensee?

☒ YES ☐ NO

If yes, give name of business and license number Lambert Investments, LLC Howard Johnson

a) Submit a copy of the sales agreement including a list of the furniture, fixtures and equipment.

b) Include a list of alcohol being purchased, list the name brand, container size and how many?

26 Chairs, 5 bar stools, 7 round tables, 3 beer coolers, 1 Ice-o-matic Ice Machine,  
 1 keg cooler, 4 20" Zenith TVs, 1 Infocus projector TV.

## 3. Are you filing a temporary agency agreement whereby current licensee allows you to operate on their license?

☒ YES ☐ NO

If yes, attach temporary agency agreement form and signature card from the bank.

This agreement is not effective until you receive your three (3) digit ID number from the Commission.

## 4. Are you borrowing any money from any source to establish and/or operate the business?

☐ YES ☒ NO

If yes, list the lender

## 5. Will any person or entity other than applicant be entitled to a share of the profits of this business?

☐ YES ☒ NO

If yes, explain. All involved persons must be disclosed on application.

## 6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

☒ YES ☐ NO

If yes, list such items and the owner. Coke: Dispenser and materials

VVS: Mega touch Force, Subersonic (Juke Box), Top Gun (Darts), Valley (Pool table)  
 Valley Vending Service for all

## 7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business?

☐ YES ☒ NO

If yes, explain.

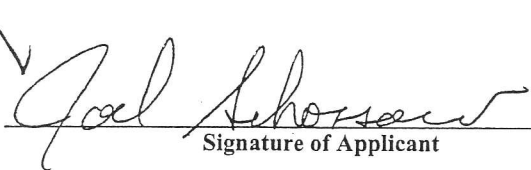
No silent partners



The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.

  
Signature of Applicant

  
Signature of Spouse

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Signature of Applicant

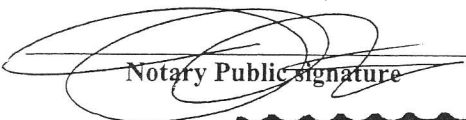
\_\_\_\_\_  
Signature of Spouse

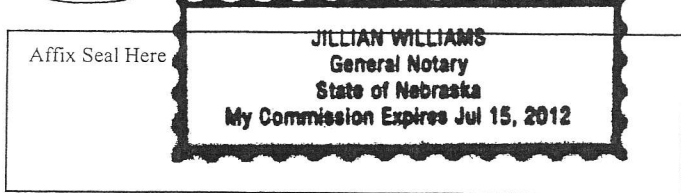
State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this June 17, 2009 by

Jillian Williams

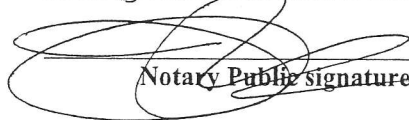
  
Notary Public signature

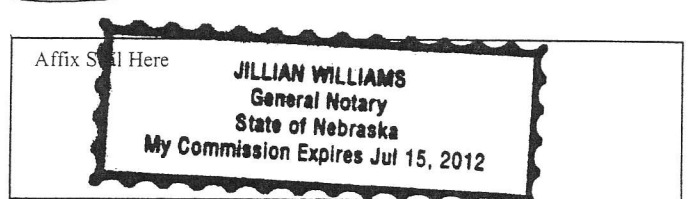


County of Lancaster

The foregoing instrument was acknowledged before me this June 17, 2009 by

Jillian Williams

  
Notary Public signature





TEMPORARY AGENCY AGREEMENT

ID# \_\_\_\_\_

1. On \_\_\_\_\_, Seller and buyer entered into a contract for sale of the business known as \_\_\_\_\_, which contract is contingent upon Buyer receiving approval for a liquor license to operate the business.
2. Seller and buyer agree to operate the business, subject to approval by the Liquor Control Commission, for a period not to exceed 120 days subsequent to \_\_\_\_\_, the date of filing the application.
3. Seller will maintain a possessory interest in the property in the form of a lease, use permit or license;
4. Buyer will at all times be the agent of the seller, but buyer will be completely and totally responsible for the operation of the business and for all liability associated with the operation of the business during the time when buyer is acting as seller's agent; it is specifically understood that seller shall have no liability for the operation of the business during this period of time, and buyer agrees to indemnify and hold seller harmless from any claims arising during this period of operation; however, it is understood that the liquor license remains in the name of the seller and seller will be responsible for all violations of the liquor laws of the State of Nebraska until such time as seller's license is cancelled.
5. At time of closing, certain funds will be held in escrow pending issuance of the license.

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6. **FINANCIAL INSTITUTION: NAME, ADDRESS, ACCOUNT NUMBER**  
**SEND COPY OF SIGNATURE CARD**

NEBRASKA LIQUOR  
CONTROL COMMISSION

7. All profits derived from the operation of the business by the buyer, after payment of bills and salaries, shall be paid to the same escrow agent to be held until the issuance of the license, it being specifically understood that the buyer shall receive no profits from the operation of the business until the liquor license has been issued to buyer, but shall have the right to direct the investment of profit funds by escrow agent.
8. This agreement constitutes the entire and complete understanding of all parties with regard to the agency relationship, and is binding upon the heirs, personal representatives and successors of the parties.
9. It is hereby understood that in the event the Commission denies this application, the temporary agency agreement is null and void the date of the order.

Signature of Seller \_\_\_\_\_

Signature of Seller \_\_\_\_\_

The above and forgoing agency agreement was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, by Heather M. Marquis

Notary signature and seal \_\_\_\_\_

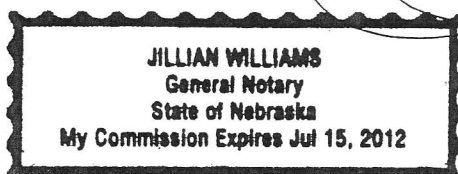
Signature of Buyer \_\_\_\_\_

Signature of Buyer \_\_\_\_\_



The above and forgoing agency agreement was acknowledged before me this 17 day of June, 2009, by Jillian Williams

Notary signature and seal \_\_\_\_\_



*COPY*

U.S. BANK, N.A.		C.O.I.D. 0424	
ACCOUNT NAME *GEMSTONE HOSPITALITY INC			
AC NAME 1 ALBERT L LAMBERT		SWL	AC #
AC NAME 2 JOEL W SCHOSSOW		JOO	AMT OF INITIAL DEPOSIT \$
AC NAME 3			AMOUNT OF CHECK \$
AC NAME 4			BANK
AC NAME 5			
ADDRESS 5250 CORNHUSKER HWY			HOLD <input type="checkbox"/>
CITY LINCOLN		STATE NE ZIP 685041425	PHONE 402-464-3171 NO. YEARS
TYPE OF BUSINESS		TAX ID #/EIN #	
TYPE OF ACCOUNT FREE SMALL BUSINESS CKING		SIGNATURES REQUIRED 1	EXISTING CUSTOMER COURTESY CARD
OWNERSHIP Corporation		<input type="checkbox"/> RPM	
OTHER SERVICES		OFFICE	
RESIDENCE			
RESIDENCE PHONE 402-464-3171			VERIFIED <input type="checkbox"/>
ID TYPE		ISSUE DATE 00/00/0000	EXP DATE 00/00/0000 CARD NO.
DATE OPENED: 20090617 TIME OPENED: 00:00 OPENED BY:			

U.S. BANK, N.A.		C.O.I.D. 0424	
ACCOUNT NAME *GEMSTONE HOSPITALITY INC			
AC NAME 1 ALBERT L LAMBERT		SWL	AC #
AC NAME 2 JOEL W SCHOSSOW		JOO	
AC NAME 3			AMT OF INITIAL DEPOSIT \$
AC NAME 4			AMOUNT OF CHECK \$
AC NAME 5			BANK
ADDRESS 5250 CORNHUSKER HWY			HOLD <input type="checkbox"/>
CITY LINCOLN		STATE NE ZIP 685041425	PHONE 402-464-3171 NO. YEARS
TYPE OF BUSINESS		TAX ID #/EIN	
TYPE OF ACCOUNT FREE SMALL BUSINESS CKING		SIGNATURES REQUIRED 1	EXISTING CUSTOMER COURTESY CARD
OWNERSHIP Corporation		<input type="checkbox"/> RPM	
OTHER SERVICES		OFFICE	
RESIDENCE			
RESIDENCE PHONE 402-464-3171			VERIFIED <input type="checkbox"/>
ID TYPE	ISSUE DATE 00/00/0000	EXP DATE 00/00/0000	CARD NO.
DATE OPENED: 20090617 TIME OPENED: 00:00 OPENED BY:			

# MANAGER APPLICATION INSERT - FORM 3c

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

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CONTROL COMMISSION

Corporate manager, including spouse, are required to adhere to the following requirements  
If spouse filed affidavit of non-participation fingerprints and proof of citizenship not required

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of birth certificate, naturalization paper or US passport
- 4) Must submit fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

*BC's enclosed*

### Corporation/Limited Liability Corporation (LLC) information

Name of Corporation/LLC: Gemstone Hotel II, LLC

### Premise information

Premise License Number:

(if new application leave blank)

Premise Trade Name/DBA: ~~Guesthouse Inn & Suites~~ Guesthouse Inn & Suites

Premise Street Address: 5250 Cornhusker HWY

City: Lincoln

Zip Code: 68504

Premise Phone Number: 402-464-3171

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.

*Joel Schossow*

CORPORATE OFFICER SIGNATURE  
(Faxed signatures are acceptable)



Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☒ MALE ☐ FEMALE

Last Name: Schossow First Name: Joel MI: W

Home Address (include PO Box if applicable): 6772 Wildrye Rd

City: Lincoln State: NE Zip Code: 68521

Home Phone Number: 402-570-4406 Business Phone Number: 402-464-3171

Social Security Number:                      Drivers License Number & State:                     NE

Date Of Birth:                      Place Of Birth: Pocahontas, IA

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☒ YES ☐ NO

Spouse's information

Spouses Last Name: Schossow First Name: Heather MI: R

Social Security Number:                      Drivers License Number & State:                     NE

Date Of Birth:                      Place Of Birth: St. Paul, NE

APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM	TO	CITY & STATE	YEAR FROM	TO
Lincoln, NE	04/05	present	Lincoln, NE	08/05	present
Lenexa, KS	07/00	04/05	Lenexa, KS	07/00	08/05
Omaha, NE		07/00	Omaha		07/00

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
11/07	present	Gemstone Hospitality	Self Employed	
04/05	11/07	Vesta Hospitality	Mark Hemmer	360-737-0442

Manager and spouse must review and answer the questions below  
PLEASE PRINT CLEARLY

1. **READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. **If more than one party, please list charges by each individual's name.**

☒ YES

☐ NO

If yes, please explain below or attach a separate page.

oe) Speeding tickets in Nebraska Feb 08, May 08, Apr 06 (not sure on dates)  
additional speeding tickets prior to 2006 but don't know  
the dates. MIA 10/1986 Lincoln, NE (Joel)  
Heather '92 and '00 or '01 speeding tickets

dates unknown per applicant

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2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? **IF YES**, list the name of the premise.

☒ YES

☒ NO

NEBRASKA LIQUOR  
CONTROL COMMISSION

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

☒ YES

☐ NO

4. Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or money order must be made out to the Nebraska State Patrol for \$38.00 per person)

☒ YES

☐ NO

prints enclosed

5. Do you have any experience in selling alcohol in the State of Nebraska?  
If so list training and/or experience (when and where)

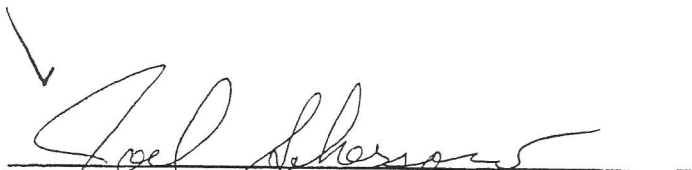
Date:	Where:
4/05 - 11/07	General Manager Holiday Inn Downtown - Lincoln
1993-1995 ?	Big Apple Sports Bar Kearney, NE


**PERSONAL OATH AND CONSENT OF INVESTIGATION**

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

  
Signature of Manager Applicant


  
Signature of Spouse

State of Nebraska


County of Lancaster

County of Lancaster

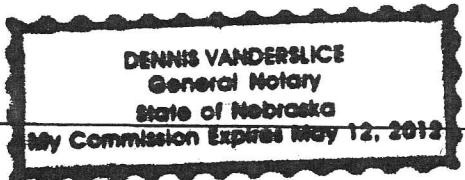
The foregoing instrument was acknowledged before me this 9, March 2009 by

  
Notary Public signature

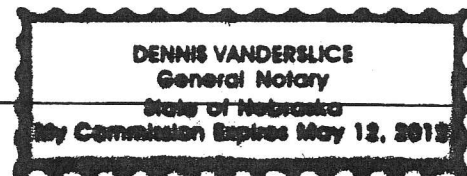
The foregoing instrument was acknowledged before me this 9 March 2009 by

  
Notary Public signature

Affix Seal Here



Affix Seal Here



In compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

Revised 9/2008



CERTIFICATE OF VITAL RECORD

# STATE OF IOWA

STATE OF IOWA  
DEPARTMENT OF HEALTH

114 69-033851

## CERTIFICATE OF LIVE BIRTH

OR PRINT IN  
PERMANENT INK  
HANDBOOK FOR  
INSTRUCTIONS

CHILD

MOTHER

FATHER

CERTIFIER

CHILD—NAME FIRST: Joel MIDDLE: William LAST: Schossow			DATE OF BIRTH (MONTH, DAY, YEAR) 2. 10/6/69		HOUR 3. 9:27p M.
SEX 1. Male	THIS BIRTH—SINGLE, TWIN, TRIPLET, ETC. (SPECIFY) 4. Single		IF NOT SINGLE BIRTH—BORN FIRST, SECOND, THIRD, ETC. (SPECIFY) 4b.		COUNTY OF BIRTH 5. Pocahontas
CITY, TOWN, OR LOCATION OF BIRTH 5b. Pocahontas		INSIDE CITY LIMITS (SPECIFY YES OR NO) 5c. Yes	HOSPITAL—NAME 5d. Pocahontas Community Hospital (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER)		
MOTHER—MAIDEN NAME FIRST: Bonita MIDDLE: Ann LAST: Beekmann			AGE (AT TIME OF THIS BIRTH) 6b. 23	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 6c. Iowa	
RESIDENCE—STATE 7a. Iowa	COUNTY 7b. Pocahontas	CITY, TOWN, OR LOCATION 7c. Pocahontas		INSIDE CITY LIMITS (SPECIFY YES OR NO) 7d. Yes	STREET AND NUMBER 7e. 15 1st Ave. N.E.
FATHER—NAME FIRST: Cecil MIDDLE: William LAST: Schossow, Jr.			AGE (AT TIME OF THIS BIRTH) 8b. 23	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8c. Iowa	
INFORMANT 9a. Cecil W. Schossow, Jr.			RELATION TO CHILD 9b. Father		
1. CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE.			DATE SIGNED (MONTH, DAY, YEAR) 10b. 10/6/69	ATTENDANT—M.D., D.O., MIDWIFE, OTHER (SPECIFY) 10c. M. D.	
11a. SIGNATURE CERTIFIER—NAME (TYPE OR PRINT) 11b. John M. Rhodes, M.D.			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 11c. Pocahontas, Iowa		
11d. REGISTRAR—SIGNATURE 11e. Paul J. Potucha			DATE RECEIVED BY LOCAL REGISTRAR 11f. October 8, 1969		

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NEBRASKA LIQUOR  
CONTROL COMMISSION

*Joel*

This is to certify that this is a true and correct reproduction of the original record as recorded in this office, issued under authority of Chapter 144, Code of Iowa.  
This copy not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

JAN 31 2006

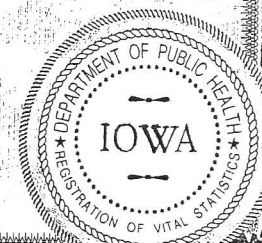
DATE ISSUED  
S0804567

FORM #588-0328S (01/2005)

Thomas J. Vilsack  
GOVERNOR, STATE OF IOWA  
Sally J. Pederson, Lt. Governor

*G. L. France*  
DEPUTY STATE REGISTRAR

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY



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JUN 17 2009

NEBRASKA LIQUOR  
CONTROL COMMISSION

Heather  
Joels wife

STATE OF NEBRASKA

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, VITAL STATISTICS SECTION, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE

04/27/2006  
LINCOLN, NEBRASKA

*Stanley S. Cooper*  
STANLEY S. COOPER  
ASSISTANT STATE REGISTRAR  
HEALTH AND HUMAN SERVICES

STATE OF NEBRASKA - DEPARTMENT OF HEALTH  
Bureau of Vital Statistics

73 18338

CERTIFICATE OF LIVE BIRTH

CHILD - NAME			DATE OF BIRTH (MONTH, DAY, YEAR)		HOUR
FIRST	MIDDLE	LAST			
1. Heather	Renee	Castle	2a.		6:43 P.M.
SEX	THIS BIRTH - SINGLE, TWIN, TRIPLET, ETC. (SPECIFY)		IF NOT SINGLE BIRTH - BORN FIRST, SECOND, THIRD, ETC. (SPECIFY)		COUNTY OF BIRTH
3. Female	4a. Twin		4b. First		5a. Howard
CITY, TOWN, OR LOCATION OF BIRTH			HOSPITAL - NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER)		
5b. St. Paul			5c. Yes		
5d. Howard County Community Hospital					
MOTHER - MARDEN NAME			AGE (AT TIME OF THIS BIRTH)		STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)
6a. Cheryle Susan Jorn			6b. 20		6c. Nebraska
RESIDENCE - STATE	COUNTY	CITY, TOWN, OR LOCATION, zip code	INSIDE CITY LIMITS (SPECIFY YES OR NO)		STREET AND NUMBER
7a. Nebraska	7b. Greeley	7c. Greeley 68842	7d. Yes		7e.
FATHER - NAME			AGE (AT TIME OF THIS BIRTH)		STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)
8a. Patrick Roy Castle			8b. 22		8c. Nebraska
INFORMANT - NAME OR SIGNATURE					RELATION TO CHILD
9a. Cheryle Castle					9b. Mother
I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE.			DATE SIGNED (MONTH, DAY, YEAR)		ATTENDANT - M.D., D.O., OTHER (SPECIFY)
10a. SIGNATURE <i>R.M. Fruehling M.D.</i>			10b.		10c. Medical Doctor
CERTIFIER - NAME (TYPE OR PRINT)			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
10d. R.M. Fruehling, M.D.			10e. St. Paul, Nebraska 68873		
REGISTRAR - SIGNATURE					DATE RECEIVED BY LOCAL REGISTRAR
11a. <i>Lucile Reynolds</i>					MONTH DAY YEAR
					11b. 11 5 1923

APPLICATION FOR LIQUOR LICENSE  
CORPORATION  
INSERT - FORM 3a

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

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JUN 17 2009

NEBRASKA LIQUOR  
CONTROL COMMISSION

Officers, directors and stockholders holding over 25%, including spouses, are required to adhere to the following requirements

- 1) The president and stockholders holding over 25% and their spouse (if applicable) must submit their fingerprints (2 cards per person)
- 2) All officers, directors and stockholders holding over 25 % and their spouse (if applicable) must sign the signature page of the Application for License form (Even if a spousal affidavit has been submitted)

Attach copy of Articles of Incorporation (Articles must show barcode receipt by Secretary of States Office)

Name of Registered Agent: Joel Schossow

Name of Corporation that will hold license as listed on the Articles

Gemstone Hospitality Inc.

Corporation Address: 14445 W 121<sup>st</sup> Terr

City: Olathe State: KS Zip Code: 66062

Corporation Phone Number: 402-464-3070 Fax Number: 402-464-7439

Total Number of Corporation Shares Issued: 1000

Name and notarized signature of president (Information of president must be listed on following page)

Last Name: DAVIS First Name: SEAN MI: P

Home Address: 14445 W 121<sup>st</sup> Terrace City: OLATHE

State: KS Zip Code: 66062 Home Phone Number: 913-205-7728

Sean Davis

Signature of president

State of Kansas  
~~Nebraska~~

County of Johnson

The foregoing instrument was acknowledged before me this

6-16-09

by Sean P. Davis

name of person acknowledged

Kristal Morris

Notary Public signature

Affix Seal Here

KRYSTAL MORRIS  
Notary Public  
State of Kansas  
My Commission Expires 10-28-10



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List names of all officers, directors and stockholders including spouses (Even if a spousal affidavit has been submitted)

NEBRASKA LIQUOR  
CONTROL COMMISSION

Last Name: Davis First Name: Christine MI:

Social Security Number:  Date of Birth: 1/1/

Title: CEO Number of Shares: 255

Spouse Full Name (indicate N/A if single): Sean Davis

Spouse Social Security Number:  Date of Birth: 1/1/

Last Name: Sean Davis First Name: Sean MI:

Social Security Number:  Date of Birth: 1/1/

Title: President Number of Shares: 245

Spouse Full Name (indicate N/A if single): Christine Davis

Spouse Social Security Number:  Date of Birth: 1/1/

Last Name: Schossow First Name: Heather MI:

Social Security Number:  Date of Birth: 1/1/

Title: CEO Number of Shares: 255

Spouse Full Name (indicate N/A if single): Joel Schossow

Spouse Social Security Number:  Date of Birth: 1/1/

Last Name: Schossow First Name: Joel MI:

Social Security Number:  Date of Birth: 1/1/

Title: Vice - President Number of Shares: 245

Spouse Full Name (indicate N/A if single): Heather Schossow

Spouse Social Security Number:  Date of Birth: 1/1/

signed  
prints  
BC's

# CERTIFICATION OF VITAL RECORD

OFFICE OF RECORDER

## COUNTY OF ALAMEDA

OAKLAND, CALIFORNIA

104-70-350338

### CERTIFICATE OF LIVE BIRTH

6015

15225

STATE BIRTH CERTIFICATE NUMBER

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1. THIS CHILD	1a. NAME OF CHILD—FIRST NAME <b>SEAN</b>		1b. MIDDLE NAME <b>PATRICK</b>		1c. LAST NAME <b>DAVIS</b>	
	2. SEX <b>Male</b>	3a. THIS BIRTH SINGLE, TWIN, OR TRIPLET? <b>Single</b>	3b. IF TWIN OR TRIPLET, THIS CHILD BORN 1ST, 2ND, 3RD? <b>1st</b>		4a. DATE OF BIRTH—MONTH, DAY, YEAR <b>09</b>	
PLACE OF BIRTH	5a. PLACE OF BIRTH—NAME OF HOSPITAL <b>Samuel Merritt</b>		5b. STREET ADDRESS (STREET AND NUMBER, OR LOCATION) <b>350 Hawthorne Ave.</b>		5c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) <b>Yes</b>	
	5d. CITY OR TOWN <b>Oakland</b>		5e. COUNTY <b>Alameda</b>		7. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Iowa</b>	
MOTHER OF CHILD	6a. MAIDEN NAME OF MOTHER—FIRST NAME <b>Marilyn</b>		6b. MIDDLE NAME <b>Kathryn</b>		6c. LAST NAME (MAIDEN SURNAME) <b>Esser</b>	
	8. AGE OF MOTHER (AT TIME OF THIS BIRTH) <b>27</b> YEARS		9. COLOR OR RACE OF MOTHER <b>White</b>		10a. RESIDENCE OF MOTHER—STREET ADDRESS (STREET AND NUMBER, OR LOCATION) <b>452 Oakland Ave.</b>	
	10c. RESIDENCE OF MOTHER—CITY OR TOWN <b>Oakland</b>		10b. RESIDENCE OF MOTHER—COUNTY <b>Alameda</b>		10e. RESIDENCE OF MOTHER—STATE <b>California</b>	
FATHER OF CHILD	11a. NAME OF FATHER—FIRST NAME <b>Patrick</b>		11b. MIDDLE NAME <b>Ernest</b>		11c. LAST NAME <b>Davis</b>	
	13. AGE OF FATHER (AT TIME OF THIS BIRTH) <b>29</b> YEARS		14. COLOR OR RACE OF FATHER <b>White</b>		15a. PRESENT OR LAST OCCUPATION <b>Salesman</b>	
INFORMANT'S CERTIFICATION	16a. I HEREBY CERTIFY THAT I HAVE REVIEWED THE ABOVE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.		16b. PARENT OR OTHER INFORMANT—SIGNATURE (IF OTHER THAN PARENT, SPECIFY) <i>Marilyn K. Davis</i>		16c. DATE REVIEWED AND SIGNED BY INFORMANT <b>12-7-70</b>	
	17a. I HEREBY CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED ABOVE.		17b. PHYSICIAN (OR OTHER PERSON WHO ATTENDED THIS BIRTH) SIGNATURE—DEGREE OR TITLE <i>Robert T. Nelson, M.D.</i>		17c. DATE SIGNED BY PHYSICIAN OR OTHER ATTENDANT <b>9 Dec 70</b>	
ATTENDANT'S CERTIFICATION	17c. ADDRESS <b>961 34th St R. Oakland</b>		17d. PHYSICIAN'S CALIFORNIA LICENSE NUMBER <b>579187</b>		17e. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR <b>DEC 15 1970</b>	
	18. LOCAL REGISTRAR		19. LOCAL REGISTRAR—SIGNATURE <i>James C. ...</i>			

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JUN 17 2009

NEBRASKA LIQUOR  
CONTROL COMMISSION

*Sean*

001941987

CERTIFIED COPY OF VITAL RECORD  
STATE OF CALIFORNIA, COUNTY OF ALAMEDA



001941987

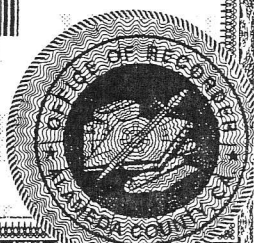
This is a true and exact reproduction of the document officially registered and placed on file in the office of the Alameda County Recorder.

DATE ISSUED

MAR 10 2009

*Patrick O'Connell*  
PATRICK O'CONNELL  
ALAMEDA COUNTY RECORDER

This copy is not valid unless prepared on an engraved border displaying the date, seal and signature of the Recorder.



**OMAHA-DOUGLAS COUNTY HEALTH DEPARTMENT**  
**Division of Vital Statistics**  
**CERTIFICATE OF LIVE BIRTH**

299441

TYPE, OR PRINT IN  
PERMANENT INK

CHILD—NAME FIRST MIDDLE LAST <b>Christine Elizabeth Timm</b>		HOUR 7:12p	
SEX <b>Female</b>	THIS BIRTH—SINGLE, TWIN, TRIPLET, ETC. (SPECIFY) <b>Single</b>	IF NOT SINGLE BIRTH—BORN FIRST, SECOND, THIRD, ETC. (SPECIFY)	COUNTY OF BIRTH <b>Douglas</b>
CITY, TOWN, OR LOCATION OF BIRTH <b>Omaha</b>		INSIDE CITY LIMITS (SPECIFY YES OR NO) <b>yes</b>	HOSPITAL—NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER) <b>Bergan Mercy Hospital</b>
MOTHER—MAIDEN NAME FIRST MIDDLE LAST <b>Cathleen Elizabeth Wallace</b>		AGE (AT TIME OF THIS BIRTH) <b>27</b>	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) <b>Nebraska</b>
RESIDENCE—STATE <b>Nebraska</b>	COUNTY <b>Douglas</b>	CITY, TOWN, OR LOCATION <b>Omaha 68108</b>	STREET AND NUMBER <b>Plaza 2508 South 3rd Street</b>
FATHER—NAME FIRST MIDDLE LAST <b>Herman William Timm</b>		AGE (AT TIME OF THIS BIRTH) <b>28</b>	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) <b>Iowa</b>
INFORMANT—NAME OR SIGNATURE <b>Cathleen E. Timm</b>			RELATION TO CHILD <b>Mother</b>
I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE.		DATE SIGNED (MONTH, DAY, YEAR) <b>12-10-69</b>	ATTENDANT—M.D., D.O., OTHER (SPECIFY) <b>M.D.</b>
SIGNATURE <i>John J. Sinnott</i>		MAILING ADDRESS (STREET OR R.T.D. NO., CITY OR TOWN, STATE, ZIP) <b>2705 South 87th Omaha, Nebraska</b>	
CERTIFIER—NAME <b>John J. Sinnott M.D.</b>			
REGISTRAR—SIGNATURE <i>W. Schubert</i>			DATE RECEIVED BY LOCAL REGISTRAR <b>DEC 15 1969</b>

I hereby certify that the above is a true and correct copy of the Certificate of Birth recorded in the City of Omaha, County of Douglas, State of Nebraska.

Dated this 22nd day of December 1969.

*W. Schubert*  
 (Registrar)

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JUN 17 2009

**NEBRASKA LIQUOR  
 CONTROL COMMISSION**

*Christine  
 Seals  
 wife*

STATE OF NEBRASKA ♦ SECRETARY OF STATE'S OFFICE  
1445 "K" STREET • STATE CAPITOL SUITE 1301 • LINCOLN, NE • 68509  
BUSINESS SERVICES DIVISION

CORPORATIONS

P.O. BOX 94608  
(402) 471-4079  
FAX: 471-3666

UNIFORM COMMERCIAL CODE

P.O. BOX 95104  
(402) 471-4080  
FAX: 471-4429

NOTARY

P.O. BOX 95104  
(402) 471-2558  
FAX: 471-4429

JOHN A. GALE  
Secretary of State

[www.sos.state.ne.us](http://www.sos.state.ne.us)

JUDY JOBMAN  
Deputy Secretary of State

MCGINN LAW FIRM  
ATTN: WILLIAM F. MCGINN  
SUITE 500  
25 MAIN PLACE  
COUNCIL BLUFFS, IA 51503

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JUN 17 2009

**NEBRASKA LIQUOR  
CONTROL COMMISSION**

April 28, 2009

**ACKNOWLEDGEMENT OF FILING**

The document(s) listed below were filed with the Nebraska Secretary of State's Office, Corporation Division. A label has been affixed to each filing signifying the filing stamp for the Nebraska Secretary of State's Office, Corporation Division. This filing label indicates the date and time of the filing and also references a document number that can be used to reference this filing in the future.

**ACKNOWLEDGEMENT OF FILING FEES RECEIVED**

Action/Service	Company/Entity Name	Fee Received
Foreign Authority	GEMSTONE HOSPITALITY, INC.	130.00
Per Page Charge	GEMSTONE HOSPITALITY, INC.	15.00
	Total Fees Received	\$145.00

Paige S.  
Filing Officer

APPLICATION FOR CERTIFICATE OF AUTHORITY  
TO TRANSACT BUSINESS

RECEIVED

JUN 17 2009

NEBRASKA LIQUOR  
CONTROL COMMISSION

John A. Gale, Secretary of State  
Room 1301 State Capitol, P.O. Box 94608  
Lincoln, NE 68509  
<http://www.sos.state.ne.us>



Submit in Duplicate

*Handwritten initials*

Attach a certificate of good standing duly authenticated by the official having custody of the corporate records in the state or country under whose law the corporation is incorporated. Such certificate shall not be more than 60 days old. A certified copy of the articles of incorporation should not be submitted and is not acceptable in lieu of such certificate.

Name of Corporation Gemstone Hospitality, Inc.

Fictitious Name of Corporation \_\_\_\_\_  
(to be used only if actual corporate name is unavailable for use or does not comply with Nebraska law)

Incorporated under the laws of Iowa

Date Incorporation July 16, 2007  
Year

Period of Duration Perpetual

Address of Principal Office 14445 W. 121st Terrace, Olathe, KS 60622  
Street Address City State Zip

Registered Agent Joel Schossow

Registered Office 6772 Wildrye Road, Lincoln NE 68521  
Street Address and Post Office Box (if any) City Zip

DATED 4/6/09

*Sean Davis*  
Signature  
SEAN DAVIS - President  
Printed Name/Title

NOTE: The Business Corporation Act requires that every filing be signed by the chairperson of the board of directors, the president, or one of the officers of the corporation. If the corporation has not yet been formed or directors have not yet been selected, the filing shall be signed by an incorporator. If the corporation is in the hands of a receiver, trustee, or other court appointed fiduciary, the filing shall be signed by that fiduciary.

NOTE: To complete this form, you must list officers and directors on back

FILING FEE: \$145.00 (if you have more than one page listing officers and directors please add \$5.00 a page for each additional page)



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NEBRASKA LIQUOR  
CONTROL COMMISSION  
APPLICATION FOR CERTIFICATE OF AUTHORITY  
TO TRANSACT BUSINESS

John A. Gale, Secretary of State  
Room 1301 State Capitol, P.O. Box 94608  
Lincoln, NE 68509  
<http://www.sos.state.ne.us>

NE Sec of State John A Gale - CORP FA  
1000901797 Pgs: 3  
GEMSTONE HOSPITALITY, INC.  
Filed: 04/28/2009 04:10 PM

Submit in Duplicate

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Address of Principal Office 14445 W. 121st Terrace, Olathe, KS 66062  
Street Address City State Zip

Registered Agent Joel Schossow

Registered Office 6772 Wildrye Road, Lincoln NE 68521  
Street Address and Post Office Box (if any) City Zip

DATED 4/6/09

Sean Davis  
Signature  
SEAN DAVIS - PRESIDENT  
Printed Name/Title

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NOTE: To complete this form, you must list officers and directors on back

FILING FEE: \$145.00 (if you have more than one page listing officers and directors please add \$5.00 a page for each additional page)



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MCGINN LAW FIRM  
ATTN: WILLIAM F. MCGINN  
SUITE 500  
25 MAIN PLACE  
COUNCIL BLUFFS, IA 51503

NEBRASKA LIQUOR  
CONTROL COMMISSION

April 28, 2009

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**ACKNOWLEDGEMENT OF FILING FEES RECEIVED**

Action/Service	Company/Entity Name	Fee Received
Articles Limited	GEMSTONE HOTELS II, L.L.C.	100.00
Per Page Charge	GEMSTONE HOTELS II, L.L.C.	10.00
Certificate	GEMSTONE HOTELS II, L.L.C.	10.00
	Total Fees Received	\$120.00

Paige S.  
Filing Officer

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JUN 17 2009

276.02 feet

2 story hotel

EXIT

NEBRASKA LIQUOR  
CONTROL COMMISSION

EXIT

EXIT

234	233
134	133
236	235
136	135
238	237
138	137
240	239
140	139
242	241
142	141
144	243
244	143

Ice

EXIT

231	
131	
229	230
129	130
227	228
127	128
225	226
125	126
223	224
123	124
221	222
121	122
219	220
119	120
217	218
117	118
215	216
115	116
213	214
113	114

EXIT

211	212
111	112
209	210
109	110
207	208
107	108
205	206
105	106
203	204
103	104
201	202
101	102

EXIT

299.71 feet

Hotel Floor Plan

EXIT

EXIT

EXIT

EXIT Indicates Exit

Hospitality  
Room

Men's  
Women's

SPA

Swimming  
Pool

Miniature  
Golf

Arcade  
Al's  
Oasis

Men's  
Women's

Office  
Front  
Desk

Vending

Guest  
Laundry

Ballroom

Patio

Restaurant  
Garden  
T & R's

In case of fire,  
proceed to nearest  
exit.